ILLINOIS

States In Brief

Substance Abuse and Mental Health Issues At-A-Glance

A Short Report from the Office of Applied Studies

Prevalence of Illicit Substance[1] and Alcohol Use

The National Survey on Drug Use and Health (NSDUH) generates state-level estimates for 23 measures of substance use and mental health problems for four age groups: the entire state population over the age of 12 (12+); individuals age 12 to 17; individuals age 18 to 25; and individuals age 26 and older (26+). Since state estimates of substance use and abuse were first generated using the combined 2002-2003 NSDUHs and continuing until the most recent state estimates based on the combined 2005-2006 surveys, Illinois' rates of many drug use measures have consistently been at or below the national rates for all age groups. These include: past month illicit drug use, past month and past year marijuana use; past month use of an illicit drug other than marijuana; and past year nonmedical use of pain relievers. Illinois' rates of alcohol use, however, have generally been at or above the national rates for all age groups and across all survey years.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

This is one in a series of brief state-based reports intended to give the reader a quick overview of substance abuse and mental health issues within a single state. The data derive principally from national surveys conducted by the Office of Applied Studies, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA). Sources for all data used in this report appear at the end.

Abuse and Dependence

Questions in NSDUH are used to classify persons as being dependent on or abusing specific substances based on criteria specified in the *Diagnostic and Statistical Manual* of *Mental Disorders, 4th Edition (DSM-IV)* (American Psychiatric Association, 1994).

Rates of past year alcohol dependence in Illinois have typically been above the national rate for all age groups and across all survey years (Chart 1).

Conversely, rates of past year drug dependence have typically been at or below the national rates for all age groups and across all survey years (Chart 2).

Chart 1 **Past Year Alcohol Dependence Among Individuals Age 18 to 25 Illinois**

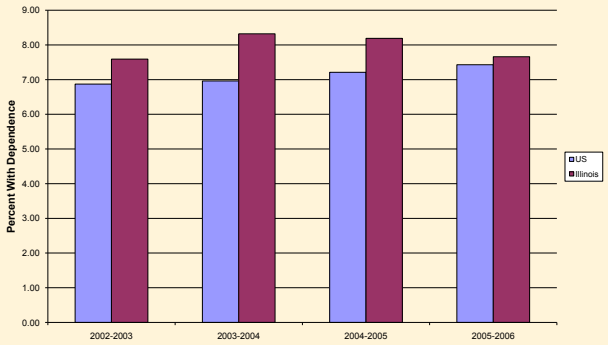
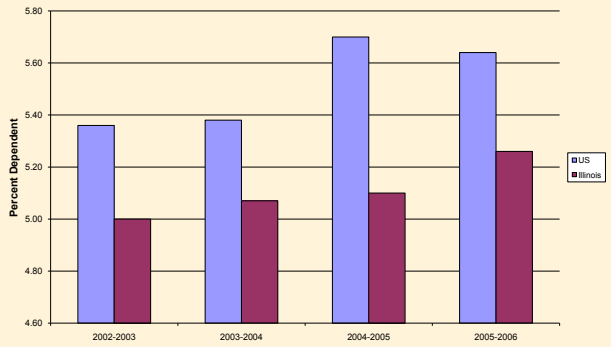


Chart 2 **Past Year Drug Dependence Among Individuals Age 18 to 25 Illinois**



Substance Abuse Treatment Facilities

According to the 2006 National Survey of Substance Abuse Treatment Services (N-SSATS),[2] the majority of facilities in 2006 (338 or 58%) were private nonprofit. Another 221 facilities (37%) were private for-profit, and the remainder were owned or operated by Federal, State, or local government. Since 2002, the number of treatment facilities in Illinois has decreased from 608 in 2002, to 588 in 2006.

Although facilities may offer more than one modality of care, in 2006 the majority of facilities (526 or 89%) offered some form of outpatient treatment. Additionally, 107 facilities (18%) offered some form of residential care. In addition, 63 facilities offered an opioid treatment program, and 221 physicians and 64 programs were certified to provide buprenorphine treatment for opiate addiction.

In 2006, 53 percent of all facilities (311) received some form of Federal, State, county, or local government funds, and 248 facilities (42%) had agreements or contracts with managed care organizations for the provision of substance abuse treatment services.

Treatment

State treatment data for substance use disorders are derived from two primary sources—an annual 1-day census in N-SSATS and annual treatment admissions from the Treatment Episode Data Set (TEDS).[3] The 2006 N-SSATS survey showed a one-day total of 43,724 clients in treatment, the majority of whom (39,900 or 91%) were in outpatient treatment. Of the total number of clients in treatment on this date, 4,404 (10%) were under the age of 18.

Chart 3 shows the percent of admissions mentioning particular drugs or alcohol at the time of admission.[4] Across the last 15 years, there has been a steady decline in the number of admissions mentioning alcohol (80% vs. 57%) and an increase in the percent of admissions mentioning heroin (11% vs. 19%).

Across the years for which TEDS data are available, Illinois has seen a substantial shift in the constellation of problems present at treatment admission. Alcohol-only admissions have declined from 34 percent of all admissions in 1992, to 17 percent in 2006. Concomitantly, drug-only admissions have increased from 18 percent in 1992, to 43 percent in 2006 (Chart 4).

Chart 3

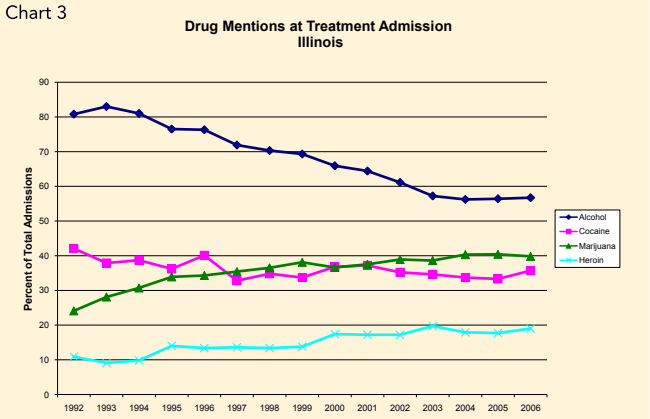
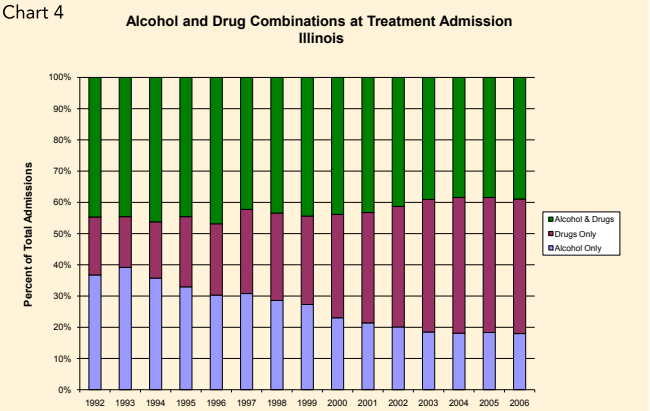


Chart 4



Unmet Need for Treatment

NSDUH defines unmet treatment need as an individual who meets the criteria for abuse of or dependence on illicit drugs or alcohol according to the *DSM-IV*, but who has not received specialty treatment for that problem in the past year.

Rates of unmet need for drug treatment in Illinois have generally been at or below the national rates for all age groups and across all survey years (Charts 5).

Rates of unmet need for alcohol treatment, on the other hand, have generally been at or above the national rates for all age groups and across all survey years (Chart 6).

Tobacco Use and Synar Compliance

Rates of past month use of both cigarettes and tobacco products by underage individuals have generally been at or below the national rates (Chart 7).

SAMHSA monitors the rate of retailer violation of tobacco sales through the Agency's responsibilities under the Synar Amendment. Retailer violation rates represent the percentage of inspected retail outlets that sold tobacco products to a customer under the age of 18. Illinois' rates of noncompliance with the Synar Amendment have been consistently below the target rate since 1998 (Chart 8).

Chart 5

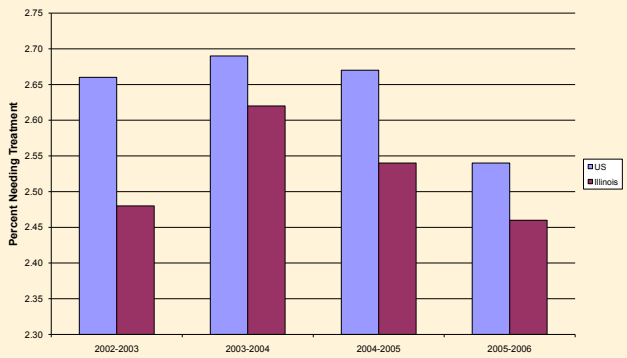


Chart 6

Chart 7

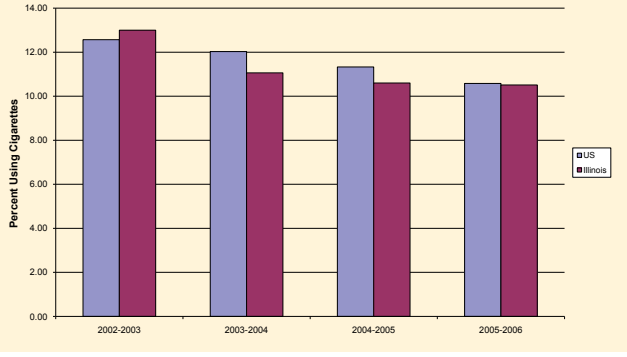
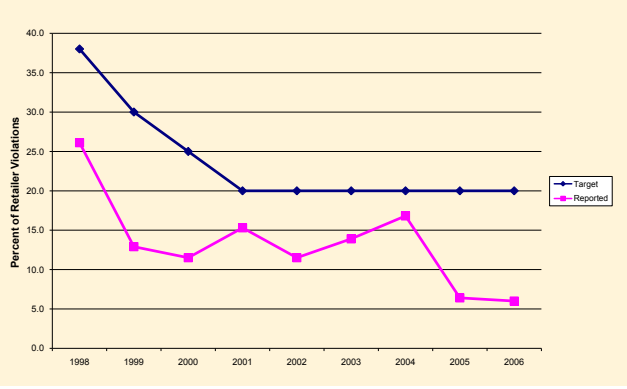


Chart 8



Mental Health Indicators

For individuals age 18 and older, the National Survey on Drug Use and Health measures past year serious psychological distress (SPD), an overall indicator of nonspecific psychological distress. Since 2004-2005, the survey also measures past year major depressive episodes (MDE) for the same age group and for individuals age 12 to 17. MDE is defined as a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning such as problems with sleep, eating, energy, concentration, and self-image.

Illinois' rates of past year serious psychological distress have consistently been below the national rates for all age groups and survey years (Chart 9). In 2005-2006, these rates were among the 10 lowest[5] in the country. Rates for past year major depressive episodes were similarly low and, again in 2005-2006, were among the lowest in the country (Chart 10).

Chart 9

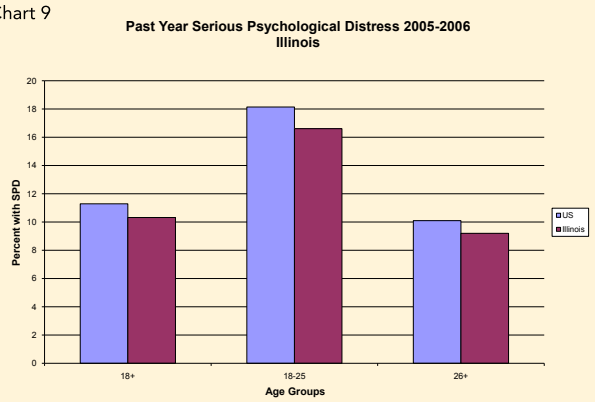
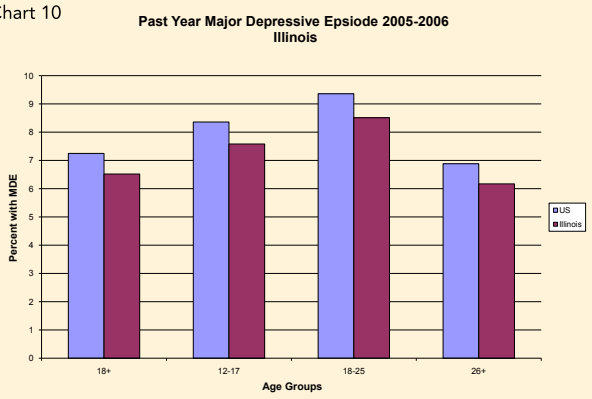


Chart 10



SAMHSA Funding

SAMHSA funds two basic types of grants—block and formula grants allocated to states and territories by formula, and discretionary grants which are awarded competitively (Chart 11). Each of the three SAMHSA Centers (the Center for Substance Abuse Treatment [CSAT], the Center for Substance Abuse Prevention [CSAP] and the Center for Mental Health Services [CMHS]) has a unique discretionary portfolio.

2004-2005:	
$70.3 million	Substance Abuse Prevention and Treatment Block Grant
$20.3 million	Mental Health Block and Formula Grants
$30.8 million	SAMHSA Discretionary Program Funds
$121.4 million	Total SAMHSA Funding

CMHS: Children's Services; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Initiative to End Chronic Homelessness; Alternatives to Restraint and Seclusion State Incentive Grant; Youth Violence Prevention; Post-Traumatic Stress Disorder in Children; Targeted Capacity Expansion—Prevention/Early Intervention; Emergency Response; Statewide Family Network; Evidence Based Training and Evaluation; State Mental Health Data Infrastructure Grant.

CSAP: Drug-Free Communities (28 Grants); Drug-Free Communities—Mentoring; Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services.

CSAT: Screening, Brief Intervention, Referral and Treatment; Targeted Capacity Expansion—General; Targeted Capacity Expansion—HIV/AIDS; State Data Infrastructure; Access to Recovery; Homeless Addictions Treatment; Recovery Community Services; Grants for the Accreditation of Opioid Treatment Programs; Addiction Technology Transfer Center; Targeted Capacity Expansion—Innovative Treatment; Strengthening Access and Retention; and Strengthening Communities—Youth.

2005-2006:	
$69.7 million	Substance Abuse Prevention and Treatment Block Grant
$19.9 million	Mental Health Block and Formula Grants
$33.8 million	SAMHSA Discretionary Program Funds
$123.4 million	Total SAMHSA Funding

CMHS: Children's Services; AIDS Targeted Capacity Expansion—Service Capacity Building in Minority Communities; Initiative to End Chronic Homelessness; Alternatives to Restraint and Seclusion State Incentive Grant; Targeted Capacity Expansion—Jail Diversion; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Campus Suicide; Statewide Family Network; Evidence Based Training and Evaluation; State Mental Health Data Infrastructure Grant.

CSAP: Drug-Free Communities (26 Grants); Drug-Free Communities—Mentoring; SAMHSA Conference Grant; HIV Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services.

CSAT: Screening, Brief Intervention, Referral and Treatment; Targeted Capacity Expansion—HIV/AIDS; Access to Recovery; Homeless Addictions Treatment; Recovery Community Services; Grants for the Accreditation of Opioid Treatment Programs; SAMHSA Conference Grant; Recovery Community Service; Addiction Technology Transfer Center; State Adolescent Substance Abuse Treatment Coordination; Targeted Capacity Expansion—General; Strengthening Access and Retention; and Strengthening Communities—Youth.

2006-2007:

$69.7 million	Substance Abuse Prevention and Treatment Block Grant
$19.9million	Mental Health Block and Formula Grants
$27.8 million	SAMHSA Discretionary Program Funds
$117.4 million	Total SAMHSA Funding

CMHS: Alternatives to Restraint and Seclusion State Incentive Grant; Targeted Capacity Expansion—Jail Diversion; Campus Suicide; Children's Services; Community Treatment and Service Centers of the National Child Traumatic Stress Initiative; Disaster Relief; Statewide Family Network; Child Mental Health Initiative; State Mental Health Data Infrastructure Grant.

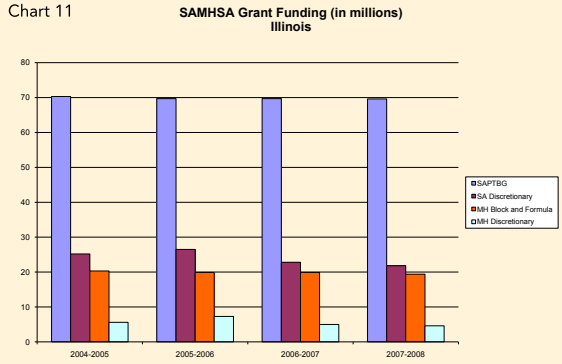
CSAP: Drug-Free Communities (22 Grants); Drug-Free Communities—Mentoring; HIV Strategic Prevention Framework; Strategic Prevention Framework State Incentive Grant; HIV/AIDS Services; Prevention of Methamphetamine Abuse.

CSAT: Screening, Brief Intervention, Referral and Treatment; Strengthening Treatment Access and Retention; Access to Recovery; Grants for the Accreditation of Opioid Treatment Programs; Treatment for Homeless; Targeted Capacity Expansion—HIV/AIDS; Addiction Technology Transfer Center; State Adolescent Substance Abuse Treatment Coordination; Targeted Capacity Expansion—Innovative Treatment; and Targeted Capacity Expansion—Rural Populations.

2007-2008:

$69.7 million	Substance Abuse Prevention and Treatment Block Grant
$19.9 million	Mental Health Block and Formula Grants
$27.8 million	SAMHSA Discretionary Program Funds
$117.4 million	Total SAMHSA Funding

Chart 11



CMHS: Campus Suicide; State Mental Health Data Infrastructure Grant; Consumer/Consumer Supporter Technical Assistance Center; Children's Services; Child Mental Health Initiative; Targeted Capacity Expansion—Jail Diversion.

CSAP: Drug-Free Communities (21 Grants); HIV/AIDS Services; HIV Strategic Prevention Framework; Prevention of Methamphetamine Abuse; Strategic Prevention Framework State Incentive Grant.

CSAT: Screening, Brief Intervention, Referral and Treatment; Targeted Capacity Expansion—HIV/AIDS; Treatment for Homeless; Grants for the Accreditation of Opioid Treatment Programs; State Adolescent Substance Abuse Treatment Coordination; Access to Recovery; Recovery Support Services Involving Grassroots Organization; Strengthening Treatment Access and Retention; and Targeted Capacity Expansion—Rural Populations.

For Further Information

A comprehensive listing of all NSDUH measures for every state is available at: **http://oas.samhsa.gov/statesList.cfm**.

Also, information about variations in incidence and prevalence of the NSDUH substance abuse and mental health measures ***within*** each state is available at: **http://oas.samhsa.gov/metro.htm**.

Data Sources

Grant Awards: Available at **http://www.samhsa.gov/statesummaries/index.aspx**.

Facility Data: National Survey of Substance Abuse Treatment Services (N-SSATS): 2006, available at **http://www.dasis.samhsa.gov**.

Treatment Data: Treatment Episode Data Set—Concatenated File—available from the Substance Abuse and Mental Health Data Archive at **http://www.icpsr.umich.edu/SDA/SAMHDA**.

[1] NSDUH defines illicit drugs to include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically. Nonmedical use is defined as use not prescribed for the respondent by a physician or used only for the experience or feeling the drug(s) caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs. Nonmedical use of stimulants includes methamphetamine use.

[2] N-SSATS is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

[3] TEDS is an admissions-based system, and TEDS admissions do not represent individuals. For example, an individual admitted to treatment twice within a calendar year would be counted as two admissions.

[4] TEDS collects information on up to three substances of abuse which lead to the treatment episode. These are not necessarily a complete enumeration of all drugs used at the time of admission.

[5] States are assigned to one of five groups according to their ranking (quintiles). Because there are 51 areas to be ranked for each measure, the middle quintile was assigned 11 areas and the remaining groups 10 each. Throughout this document "highest" refers to the 10 states in the first quintile and "lowest" to those in the fifth quintile.

Prevalence Data

Wright, D. & Sathe, N. (2005) *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health.* (DHHS Publication No. SMA-05-3989, NSDUH Series H-26). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Wright, D. & Sathe, N. (2006) *State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health.* (DHHS Publication No. SMA-06-4142, NSDUH Series H-29). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Wright, D., Sathe, N. & Spagnola, K. (2007) *State Estimates of Substance Use from the 2004-2005 National Surveys on Drug Use and Health.* (DHHS Publication No. SMA-07-4235, NSDUH Series H-31). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Hughes, A. & Sathe, N. (2008) *State Estimates of Substance Use from the 2005-2006 National Surveys on Drug Use and Health.* (DHHS Publication No. SMA-08-4311, NSDUH Series H-33). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

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